MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11049

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion — LENGTH OF STAY (in this place): 18 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Dessac Armwood
4. DATE OF DEATH (Month) (Day) (Year): Nov 7 1949
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 22 1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months 4, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RFD 1 Princess Anne Somerset Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Noah Armwood
14. MOTHER'S MAIDEN NAME: Sarah Holland.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Handy Armwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Acute Cardiac Dislotation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93.2 (b) Nephritis

(c) Myocarditis

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dropsy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead When I saw him, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D Wm H Coulbourn — ADDRESS: Crisfield Md — DATE SIGNED: Nov 7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 8 1949 — NAME OF CEMETERY OR CREMATORY: Branch — LOCATION (City, town, or county) (State): Marion Somerset Co Md

DATE REC'D BY LOCAL REG.: November 7, 1949 — REGISTRAR'S SIGNATURE: Betty Massey — 24. FUNERAL DIRECTOR: Charles H Ward — ADDRESS: Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11050

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STATE MARYLAND; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (Rural); STREET ADDRESS (If rural, give location) Lawsonia

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) A. R. (Last) Bowdoin

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 29, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 3; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Bowdoin

14. MOTHER'S MAIDEN NAME: Elizabeth Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Sp. Am

16. SOCIAL SECURITY No.: 214-12-5060

17. INFORMANT AND ADDRESS: Ida J. Bowdoin. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 7 hrs

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1949, to Nov. 29, 1949, that I last saw the deceased alive on Nov. 29, 1949, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md DATE SIGNED: Dec. 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Dec. 4, 1949 NAME OF CEMETERY OR CREMATORY: Asbury Cem. LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG.: Dec. 1, 1949 REGISTRAR'S SIGNATURE: Betty M. Dyke

24. FUNERAL DIRECTOR: Howard D. Covington ADDRESS: Crisfield, Md

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DEC 3 1949
BUREAU V. S.

11051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) A. (Last) Bozman
4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Watermelon
11. BIRTHPLACE (State or foreign country) Revells Neck Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas J. Bozman
14. MOTHER'S MAIDEN NAME Francis Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Roland Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial Sclerosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1949, to Nov. 25, 1949, that I last saw the deceased alive on Nov. 24, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE Chas. B. Wheeley M.D. (Degree or title) ADDRESS Princess Anne DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 27, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olive, M.E.
LOCATION (City, town, or county) (State) Revells Neck Md.

DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE Lola L. Wheatley
24. FUNERAL DIRECTOR D. G. Webster Deal Island Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

11052

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden R.F.D.#2 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden R.F.D.#2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Scott (Middle) Walter (Last) Dashiell

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Aug 18 1883 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Truck farming | 11. BIRTHPLACE (State or foreign country): Eden Md | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Alfred Dashiell | 14. MOTHER'S MAIDEN NAME: Margaret Lemmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Joyce Dashiell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Chronic Myocarditis — 6 months

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 23, 1949, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldon G. Marksman — ADDRESS: Princess Anne, Md — DATE SIGNED: 11-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/29/49 | NAME OF CEMETERY OR CREMATORY: Fruitland Cemetery | LOCATION (City, town, or county): Fruitland (State): Md.

DATE RECD BY LOCAL REG.: 11/30/49 | REGISTRAR'S SIGNATURE: W. T. Johnson, M.D. | 24. FUNERAL DIRECTOR: Dale Dashiell, Princess Anne, Md. — ADDRESS

VS. A15

B.

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NOV 29 1949
BUREAU V. S.

11053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Vernon
LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Princess Anne RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Vernon
STREET ADDRESS (If rural, give location): Princess Anne RFD 2

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) CONAWAY (Last) DRYDEN

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 26, 1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public accountant

10b. KIND OF BUSINESS OR INDUSTRY: C.P.A.

11. BIRTHPLACE (State or foreign country): Princess Anne, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BURTON H. DRYDEN

14. MOTHER'S MAIDEN NAME: NORA LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife (Louise Dryden)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary thrombosis	Few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial failure	10 days
	(c) Severe coronary insufficiency	1 year

420.1
940a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Never ——, 19——, to ——, 19——, that I last saw the deceased alive on Never ——, 19——, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE: T. R. Huntsdale Jr. M.D. (Degree or title)

ADDRESS: Princess Anne, Md.

DATE SIGNED: Nov. 23, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Nov 24/1949

NAME OF CEMETERY OR CREMATORY: Grace Episcopal

LOCATION (City, town, or county) (State): Princess Anne, Md

DATE REC'D BY LOCAL REG. 11/25/49

REGISTRAR'S SIGNATURE: K. E. Johnson, M.D. gd.

24. FUNERAL DIRECTOR: Wade Woodland

ADDRESS

VS. A15

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NOV 29 1949
BUREAU V. S.

11054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY ~~Marumsco~~ Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marumsco — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) Elizabeth	(Last) Gale	4. DATE OF DEATH	(Month) 11	(Day) 23	(Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 18, 1876	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME Washington Gale	14. MOTHER'S MAIDEN NAME Harriett Gale						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Sadie Gale					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Acute Dil of Heart	2 days
331 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	5 days
	(c) General Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Myocarditis Chronic Nephritis	Yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Nov 23, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE George C Coulbourn M.D. (Degree or title) ADDRESS Marion Sta Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE November 25/49	NAME OF CEMETERY OR CREMATORY Marumsco Cemetery	LOCATION (City, town, or county) (State) Marumsco, Maryland
DATE REC'D BY LOCAL REG. 11/24/49	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR George W. Tilghman	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11055

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Myrtle Street

3. NAME OF DECEASED (Type or Print): (First) David (Middle) H. (Last) Gerald
4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2/27/1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Md.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: William H. Gerald
14. MOTHER'S MAIDEN NAME: Isabelle Sterling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Fred Gerald.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction — 2 days?

561.5 Antecedent cause(s) (b) Strangulated Hernia — 8 days

122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-28-49
19b. MAJOR FINDINGS OF OPERATION: Necrosis of cecum, Strangulated Hernia.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1949, to Nov 29, 1949, that I last saw the deceased alive on Nov 28, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: C H Rawley — (Degree or title): MD — ADDRESS: Crisfield Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/30/49 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county): Crisfield — (State): Md.

DATE REC'D BY LOCAL REG.: Nov 30 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: Durward Covington — ADDRESS: Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11056

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. Upper Fairmount
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md. R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Hall

4. DATE OF DEATH (Month) 11 (Day) 4 (Year) 1949

5. SEX female

6. COLOR OR RACE negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec. 23, 1878

9. AGE last birthday 71 yrs. If under 1 year: Months 10, Days 11, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Somerset Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua James

14. MOTHER'S MAIDEN NAME India Horsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ethel Shelton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Interstitial Nephritis — Interval between onset and death: 2 years

592 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____

(c) Epidemic Influenza Attacks — 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1946, to Nov 4th, 1949, that I last saw the deceased alive on Nov 3rd, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Elder G. Mackenzie (Degree or title) ADDRESS Princess Anne Md DATE SIGNED Nov. 5th 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 11-6-49 NAME OF CEMETERY OR CREMATORY St Mark LOCATION (City, town, or county) Oakville (State) Md

DATE REC'D BY LOCAL REG. 11/5/49 REGISTRAR'S SIGNATURE R. E. Johnson, M.D.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

MARYLAND STATE DEPARTMENT OF HEALTH

11057

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon | LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon R.F.D. #2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Omar (Last) Hopkins
4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 15 1885
9. AGE last birthday: 64 yrs. | If under 1 year: Months 7 Days 14 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Truck Farming
11. BIRTHPLACE (State or foreign country): Mt. Vernon Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George L. Hopkins
14. MOTHER'S MAIDEN NAME: Emily Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yr., give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT: Catherine Cent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pul. Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No | (CITY OR TOWN) (COUNTY) (STATE): Home

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from for several months to , 19 , that I last saw the deceased alive on 11/29th, 1949 and that death occurred at home m., from the causes and on the date stated above.

SIGNATURE T Smith (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Dec 2 1949 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Mt. Vernon, Md.

DATE REC'D BY LOCAL REG. 11/30/49 | REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. | 24. FUNERAL DIRECTOR: Dale Dashiell | ADDRESS: Princess Anne, Md.

RECEIVED
DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11058

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) (Last) Johnson

4. DATE OF DEATH (Month) Nov (Day) 22 (Year) 1949

5. SEX Fem

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sep 7-1885

9. AGE last birthday 64 yrs. If under 1 year Months 3 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sea food work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pocomoke City Worcester Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME on known

14. MOTHER'S MAIDEN NAME Gaddy Ginne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-14-7142

17. INFORMANT Harold Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis - arterio

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sclerosis Acute Cardiac Dialatation

93d (c) Paralysis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Was Dead When I was Called

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

William H. Coulbourn, M. D
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Wm H Coulbourn MD (Degree or title) ADDRESS Crisfield Md DATE SIGNED Nov 24/49

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE THEREOF Nov 27-1949 NAME OF CEMETERY OR CREMATORY Wesley Cemetary LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REG. 11/25/49 REGISTRAR'S SIGNATURE Betty Marsey 24. FUNERAL DIRECTOR Charles H Ward · Marion Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11059

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Princess Anne — LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Wilson — (Middle) — (Last) Jones
4. DATE OF DEATH: (Month) Nov — (Day) 26 — (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: About 1884
9. AGE last birthday: 65 (?) yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Bevans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart Disease — 3229

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism — 77C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M Lankford — (Degree or title) M.D — ADDRESS: Princess Anne Md — DATE SIGNED: Dec 2, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: 12-4-49 — NAME OF CEMETERY OR CREMATORY: Oakville — LOCATION (City, town, or county) (State): Oakville, Md.

DATE REC'D BY LOCAL REG. 12/2/49 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. 2d — 24. FUNERAL DIRECTOR: William H James Jr — ADDRESS: Pr Anne, Md

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11060

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Chester (Middle) V (Last) Kelley

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 14 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward Operator

10b. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): Worcester County

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Leonard Kelley

14. MOTHER'S MAIDEN NAME: Mary E. Staton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Chester Kelley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) t m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. Smith — Princess Anne Md — 11-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 9 1949 | NAME OF CEMETERY OR CREMATORY: Nazareth Cemetery | LOCATION (City, town, or county) (State): Worcester Co. East Princess Anne, Md.

DATE REC'D BY LOCAL REG. 11/8/49 | REGISTRAR'S SIGNATURE: K. H. Johnson, M.D. | 24. FUNERAL DIRECTOR ADDRESS: Dale Dashiell, Princess Anne, Md.

RECEIVED
NOV 9 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11061

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LEE (Last) LANDING
4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1949

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 19, 1948
9. AGE last birthday: 1 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pocomoke, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Landing
14. MOTHER'S MAIDEN NAME: Georgia Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Georgia Handy-Rural Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia

491

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cold Exposure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead When ..., that I last saw the deceased alive on ..., and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE W. H. Coulbourn (Degree or title) M D ADDRESS Crisfield Md DATE SIGNED 11-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Nov. 15, 1949 | NAME OF CEMETERY OR CREMATORY Tiddley's Chapel Cem. | LOCATION (City, town, or county) (State) Rural Pocomoke

DATE REC'D BY LOCAL REG. 11-18-49 | REGISTRAR'S SIGNATURE Betty W. Tyler m.reg | 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 21 1949
BUREAU OF S

11062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
LENGTH OF STAY (in this place): 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Lane

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: Jan 18-49

9. AGE last birthday: yrs. — If under 1 year: Months 10, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: oliver Lane

14. MOTHER'S MAIDEN NAME: Barrie Deskields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): L

16. SOCIAL SECURITY NO.: L

17. INFORMANT: oliver Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Bronchial Pneumonia

491

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

107

(c): Was Dead when I was Called

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead when, 19..., to ..., 19..., that I last saw the deceased alive Was Called, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourn M D (Degree or title) — ADDRESS: Crisfield — DATE SIGNED: Nov

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Nov 25-1949 — NAME OF CEMETERY OR CREMATORY: Monumental — LOCATION (City, town, or county) (State): Monumental Somerset Co Md

DATE REC'D BY LOCAL REG.: 11/25/49 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR — ADDRESS: Charles H Ward — Marion Md

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NOV 26 1929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11063

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury District

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Asbury District

3. NAME OF DECEASED (Type or Print): (First) UPSHUR (Middle) D. MILBOURNE (Last)

4. DATE OF DEATH: (Month) 11/23/49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/7/1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): near Pocomoke, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton Milbourne

14. MOTHER'S MAIDEN NAME: Margaret Beauchamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Upshur Milbourne-Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach — Interval between onset and death: 2 yr

151 Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis — 4 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Nov. 23, 1947, that I last saw the deceased alive on Nov. 23, 1947, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title): M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Nov. 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/26/49 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 11/25/49 | REGISTRAR'S SIGNATURE: Betty M. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11064

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) EDWARD (Last) RIGGIN
4. DATE OF DEATH (Month) 11/1/49 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1886
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood Industry
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rehobeth, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Riggin
14. MOTHER'S MAIDEN NAME: Caroline Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Marie Riggin (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the lip — Interval between onset and death: 1 yr.

Antecedent cause(s)

140

115a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) T mets to cervical glands

(c) et -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervical glands.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Nov. 1, 1949, that I last saw the deceased alive on Nov. 1, 1949, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield. Md. DATE SIGNED: Nov. 1 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11/4/49
NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 11/1/49
REGISTRAR'S SIGNATURE: C. E. Collins
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

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11065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion Station — LENGTH OF STAY (In this place): 75 — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. Marion Station — COUNTY: Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion Station — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	B.	Robinson	Nov.	26	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Colored	Widowed	Mar. 10, 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	—	Marion Sta., Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Robinson	Emily Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	—	Vera Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage (Hemiplegia) — 1 week.

443 / 131 b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Chronic nephritis Nephritis — (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Nephritis Chronic Nephritis — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
nn		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
nn.				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
nn			m.		

22. I hereby certify that I attended the deceased from nn 24, 1949, to nn 24, 1949, that I last saw the deceased alive on nn 24, 1941, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Guy C. Cochran MD	Marion Sta Md	11/28/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 30/1949	Branch Cemetery	Marion Sta., Somer. Md.

DATE REC'D BY LOCAL REG.:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/28/49	Betty Massey	Charles H. Ward.	Marion Sta., Box 235. Md.

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11066

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Venton — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Warren McKinley Spence, Jr			4. DATE OF DEATH (Month) (Day) (Year): Nov. 20 1949	
5. SEX: Male	6. COLOR OR RACE: Col	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single	8. DATE OF BIRTH: Nov. 19	9. AGE last birthday: yrs. — If under 1 year: Months, Days 1 — If under 24 hrs.: Hours, Min. 2 hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Warren H Spence		14. MOTHER'S MAIDEN NAME: Madeline W. Holbrook		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: —	17. INFORMANT AND ADDRESS: Warren M. Spence, Venton Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0 Immediate cause (a) Atelectasis — 1 day

Antecedent cause(s)

161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1949, to Nov 20, 1949, that I last saw the deceased alive on Nov 19, 1949, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eldon G. Marksman Princess Anne Md 11-21-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE: 11-21-49	NAME OF CEMETERY OR CREMATORY: Venton	LOCATION (City, town, or county) (State): Venton Md
DATE REC'D BY LOCAL REG.: 11/21/49	REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr.	24. FUNERAL DIRECTOR: William H. James Jr.	ADDRESS: Prince Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BY: CAM V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11067

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS/A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia District

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield - Rural
STREET ADDRESS (If rural, give location) Lawsonia District

3. NAME OF DECEASED (Type or Print): (First) HETTIE (Middle) OLEVIA (Last) STERLING

4. DATE OF DEATH: (Month) 11/17/49 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/17/1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carter Sterling

14. MOTHER'S MAIDEN NAME: Priscilla Somers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Albert Sterling--Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Arterial embolism - left leg — Interval between onset and death: 5 days

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Infarction — 7 days

(c) Coronary Thrombosis — 11 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis of Farmer Retro.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to Nov. 17, 1949, that I last saw the deceased alive on Nov. 16, 1949, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Nov. 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/20/49 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 11-18-49 | REGISTRAR'S SIGNATURE: Betty W. Tyler m.r.g.

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

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MARGIN RESERVED FOR BINDING

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VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11068

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Crisfield — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Crisfield
STREET ADDRESS (If rural, give location): R.F.D #1 Asbury

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Silas Edward Sterling
4. DATE OF DEATH (Month) (Day) (Year): 11 16 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/23/1870
9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Carter Sterling
14. MOTHER'S MAIDEN NAME: Priscilla Somers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Kenneth Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

331

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1949, to Nov 15, 1949, that I last saw the deceased alive on Nov 15, 1949, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE: E. G. Rawley (Degree or title) M.D. — ADDRESS: Crisfield Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/18/49 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county): Crisfield (State) Md

DATE REC'D BY LOCAL REG.: 11-17-49 — REGISTRAR'S SIGNATURE: Betty W. Tyler M.R.G.
24. FUNERAL DIRECTOR: Durward Covington — ADDRESS: Crisfield, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) James (Last) Teagle
4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 1949
5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 28, 1880
9. AGE last birthday 69 yrs. If under 1 year Months 8 Days 23 If under 24 hrs. Hours 5 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Marumsco, Md.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Nathan Teagle
14. MOTHER'S MAIDEN NAME Rosie Gayle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.
16. SOCIAL SECURITY No. 216-07-7106
17. INFORMANT Adella Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia acute Dis of Heart	48 hrs
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage (Hemiplegia)	48 hrs
131a	(c) Clinic Int reflexly Chronic Myocarditis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1949, to Nov 24, 1949, that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE George C Coulbourn MD (Degree or title) ADDRESS Marion Sta Md DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/26/49
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Marumsco Som. (State) Md.
DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H. Ward Sr. ADDRESS Marion Station, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
LENGTH OF STAY (in this place) 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Priscilla (Middle) (Last) Trehearn

4. DATE OF DEATH (Month) Nov. (Day) 13 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 1, 1867
9. AGE last birthday 82 yrs. If under 1 year Months 9 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Mt. Vernon, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Horner Md
14. MOTHER'S MAIDEN NAME Mary Payton Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs. Clifton Simpkin

18. MEDICAL CERTIFICATION Mt. Vernon, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 10 yr.

131b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Ch. Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 1 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Nov., 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 6 15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos. B. Whaley M.C. Princess Anne, Md. Nov. 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-16-49
NAME OF CEMETERY OR CREMATORY John Wesley Cemetery
LOCATION (City, town, or county) (State) Mt. Vernon, Maryland

DATE REC'D BY LOCAL REG. 11/15/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11071

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 74 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) SHERRIFF (Last) WALKER
4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 18, 1910
9. AGE last birthday: 38 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dress cutter
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Edward Sheriff
14. MOTHER'S MAIDEN NAME: Carrie Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: G. Edward Sheriff--Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Sarcomatous metastases to liver, bone, lung, brain — Interval between onset and death: 6 mos.

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sarcoma of uterus — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1949
19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Uterus
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Nov. 7, 1949, that I last saw the deceased alive on Nov. 6, 1949, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Nov. 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Nov. 9, 1949
NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 11/8/49
REGISTRAR'S SIGNATURE: Janice E. Davies
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

RECEIVED
NOV 10 1949
BUREAU V. S.

11072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) — (Last) Waters

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: [illegible] Not Known

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset County Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Waters

14. MOTHER'S MAIDEN NAME: Rosa Anna Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Ellen Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 2 years

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal Hernea

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29th, 1949, to Nov. 1, 1949, that I last saw the deceased alive on Oct. 29, 1949 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elton G. Mansman — Princess Anne, Md. — Nov. 2. '49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE 11-3-49 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Polk Road, Md

DATE REC'D BY LOCAL REG. 11/2/49 | REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. gd.

24. FUNERAL DIRECTOR ADDRESS: William H. James Jr. Princess Anne, Md

VS. A15

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NOV 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11673

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) O (Last) Webster
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 11, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Waterman	Dames Quarter Md	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Webster	Annie Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Oliver O. Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

HENRY T. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry T. Lankford M.D.	Princess Anne Md	11/18/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1949	Webster Family Cemetery	Dames Quarter, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-19-49	Lola L. Wheatley	Dale Dashiell	Princess Anne, Md.

RECEIVED
NOV 29 1949
BUREAU V. S.

11074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion Route 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ed. McCready Mem. Hosp Crisfield, Md	STREET ADDRESS (If rural give location): Box 71

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) (Last) West			4. DATE OF DEATH (Month) (Day) (Year) November 6, 1949.		
5. SEX: male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Oct. 18, 1903	9. AGE last birthday: 46 yrs.	If under 1 year: Months / Days 20 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? yes	
13. FATHER'S NAME: Unknown			14. MOTHER'S MAIDEN NAME: Martha (Last name unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-14-4034		17. INFORMANT: Sadie West		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) acute Dilation of Heart - Uremia	1 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cold + Influenza - Anemia	1 mo.
	(c)	

481
33a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Nov. 6, 1949, that I last saw the deceased alive on Nov. 6, 1949, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Coulbourn MD — ADDRESS: Marion Sta Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11-11-49	NAME OF CEMETERY OR CREMATORY: Arbutus Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 11/7/49	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: G. W. Tilghman	ADDRESS: Marion Station Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG. 17. 1939
BUREAU V. S.

11075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital	STREET ADDRESS (If rural, give location): 11 Collins St.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) RAYMOND	(Last) WILKINS	4. DATE OF DEATH	(Month) 11/23/49 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4/7/27	9. AGE last birthday: 22 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-U S Army	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Preston, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Alfred Wilkins		14. MOTHER'S MAIDEN NAME: Jeanetta Giddings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): '45-'49	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Jeanetta Wilkins, Crisfield			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY ~~LEADING TO~~ DEATH — INTERVAL BETWEEN ONSET AND DEATH

8255 Immediate cause (a) Fractured Skull

Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 413	(CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 11-23-1949 7:45	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above. Was dead when I saw him

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm H. Coulbourn	M D	Crisfield	Md 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11/27/49	NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery	LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REG. 11/25/49	REGISTRAR'S SIGNATURE: Betty N. Tyler	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors	ADDRESS: Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 26 1949
BUREAU

11076

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Somerset Ave

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Beach (Last) Young
4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 16, 1873
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME: John R. Walter
14. MOTHER'S MAIDEN NAME: Rose L. Walter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. E. W. Stilwell (Daughter)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
434.3 Immediate cause	(a) Acute Heart Disease	
95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Heart Disease	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry M. Lankford M.D. Princess Anne Md 12/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-3-1949
NAME OF CEMETERY OR CREMATORY: St Andrew Cemetery
LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG. 12/3/49
REGISTRAR'S SIGNATURE: R. T. Johnson, M.D.
24. FUNERAL DIRECTOR ADDRESS: Levin R. Wilson, Princess Anne, Md

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DEC 6 1949
BUREAU V. S.